U S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Buriget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 88-257 as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

Q _{MS} o	
1 File Number U 23283	2. Fiscal Year Covered From
	1 / 1 / 2004 Through. 12 / 31 / Loo4
3 Name and address of person filing	4 Name file number and address of labor organization
Name Michael J Sullivan	Name Sheet Metal Workers Intil Assoc
	Labor Organization File Number 000-073
PO Box Bidg Room No If any 6th Floor	PO Box, Building and Room Number If any 6th Floor
Street 1750 New York Ave, NW	Street 1750 New York Avenue, NW
CHY Washington, DC	CAY Washington, DC
State ZiP Code + 4 2000 6 5316	State ZIP Code + 4 2000 \ 5336
5 Position in labor organization General President	
A. Held an interest in engaged in transactions (including loans) with o monetary value from an employer whose employees your organize 8 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any	7.b Amount.
Street City	
State ZIP Code + 4	
SI	gnature
submitted in this report (including the information contained in any accompa undersigned a knowledge and belief true correct, and complete (See the	of Pertury and other applicable penalties of the law that all of the information laying documents) has been examined by the signatory and is to the best of the section on penalties in the instructions)
Signed Mishael J. Suller	On 8 5 05 207-467-0842 Date Telephone Number

Name of Person Filling MIGN 961 7 7011/1/9N	File number U-		
B Heid an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Trade Name If any	a. Labor Organization		
PO Box, Bidg Room No If any	b Trust c. Employer		
Street	C. Employer		
State ZIP Code + 4			
10 If 9 b or 9 c, is checked give trust or employer's name	11 a. Nature of such dealing		
Name			
Trade Name If any			
P O Box, Bldg Room No If any Street			
City	11.b Approximate dollar value of such dealing 12 a Nature of interest held or income received		
State ZiP Code + 4			
	12.b Amount		
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any)	14.a. Nature of payment.		
Name GESD CZ pital Partuers LLC	Holigan Lood Citt Rosket		
Trade Name if any			
PO Box, Bldg Room No If any Suite 1450			
Street 22 1 Main Street			
State CA ZIP Code +4 94105			
13 b is the Business an Employer or Consultant 7	14.b Amount of payment.		

Walle of Leason Limit \0(1CN 96/) 7011108N	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box, Bidg Room No if any Street City State ZiP Code + 4	9 Business deals with a. Labor Organization b Trust c. Employer	
Name Trade Name If any P O Box Bidg Room No If any Street City State ZIP Code + 4	11 b Approximate dollar value of such dealing 12 a. Nature of interest held or income received	
	12 b Amount.	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Daley + George Ltd Trade Name if any PO Box, Bidg Room No if any Swite 400 Street 20 So Clark Street City Chicago State IL ZIP Code + 4 60603	Dinner Cruise Including Spouse	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.	

		File Number U-	
8 Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box, Bidg Room No if any Street City State ZiP Code + 4 10 If 9 b or 9 c. is checked give trust or employer's name	9 Business deals with. a Labor Organiza b Trust c. Employer		
Name Trade Name If any: P O Box, Bldg Room No if any			
City ZIP Code + 4	11 b Approximate dollar va		
	12 h Amount		
C Received from any employer (other than an employer covered und	12.b Amount.		
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money of the state of the s	er parts A and B above)		

Name of Person Filling Michael J Sullivan	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box, Bidg., Room No if any Street City State ZIP Code + 4 10 if 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box, Bidg. Room No if any Street City State ZIP Code + 4	9 Business deals with a. Labor Organization b Trust c. Employer 11 a Nature of such dealing 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received		
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Misero Financial Trade Name if any PO Box, Bidg Room No if any Street 350 N Claric Street	12.b Amount or parts A and B above) or other thing of value 14.a. Nature of payment. Dinner Crhise Brass Telescope - (i) gift Including Spouse		
State T ZIP Code + 4 40610 13 b is the Business an Employer or Consultant 7	14 b Amount of payment.		

Name of Person Filling Michael J Sullivan	↑ File Number Ü		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (Including trade name if any) Name Police Springs Rivier Resort Trade Name if any PO Box, Bidg Room No if any Street 1400 Morth Indian Canyon Dr City Police Springs State CA ZIP Code +4 92262460	9 Business deals with a Labor Organization b Trust c. Employer		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name Trade Name If any P O Box Bldg Room No If any	Held meeting at the hotel		
Street	11 b Approximate dollar value of such dealing \[\qquad \qua		
City	12 a Nature of interest held or income received		
State ZIP Code + 4	Complimentary Bar (7 days) Christmas Ham (1) Golf (1) Beverage = (1)		
	12 b Amount # 562 00		
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	er parts A and B above) or other thing of value 14 a Nature of payment.		
Name			
Trade Name if any			
P O Box, Bidg Room No if any			
Street			
City			
State ZIP Code + 4			
13 b is the Business an Employer or Consultant?	14 b Amount of payment.		

Name of Person Filling Michael J Sulliva	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Stabilization Agreement for the Sheet Metal Industry Trade Name if any: SASMI PO Box, Bidg Room No If any Street 60 M. Fairtax Street City Alexandria State VA ZIP Code + 4 22314	9 Business deals with a. Labor Organization b Trust c. Employer		
10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name If any: P O Box Bldg Room No If any Street	11 a Nature of such dealing Provides supplemental unem ployment benefits, health t welfare payments, severance benefits t travel benefits A Taft-Hartley Trust Fund		
City ZIP Code + 4	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Medic (12)		
	12 b Amount. \$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any) Name Trade Name if any P O Box, Bidg Room No if any Street City State ZIP Code + 4			
13 b 1s the Business an Employer or Consultant 7	14 b Amount of payment.		

Name of Person Filling Michael J. Sullivan	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Opus Investment Advisors Trade Name if any PO Box, Bldg Room No If any Suite 3230 Street 2321 Rosecrans Avenue City El Segundo State CA ZIP Code +4 Q0245	9 Business deals with. a. Labor Organization b Trust c. Employer		
10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name If any PO Box, Bidg Room No If any	Investment Advisor to One of our insurance carriers		
Street City ZIP Code + 4	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Bottle of wive		
C Received from any employer (other than an employer covered unde	12.b Amount. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any) Name Trade Name if any P O Box, Bidg Room No if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13 b Is the Business an Employer or Consultant ?	14.b Amount of payment.		

Name of Person Filling Michael J. Sallivan		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Nat'l Convainating Comm for Multiemp Flans Trade Name If any NCCMP PO Box, Bidg Room No If any Street 815 16th Street NW City Washington DC State ZIP Code + 4	9 Business deals with byey a. Labor Organiz b Trust c. Employer	ation	
10 If 9 b or 9 c. is checked give trust or employer's name Name Sheet Metal Wolkkers Nat'l len ion Four Trade Name If any SMW NPF PO Box, Bldg Room No If any	of An organ of An organ pension thead employer as the interest participants be	nization of m th + welfare sociations, rep of multiemplo	nultiemploger Ylans, unions, Yebenting Yer plan
Street 60 M Fairfax Street City Mexaudria State VA ZIP Code + 4 22314	11 b Approximate dollar value of interest had given of Dinner (1) Gift (1)	eld or income received	\$ 25,000
	12 b Amount.		1,171 00
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any) Name Trade Name if any P O Box, Bldg Room No if any	14.a. Nature of payment.		
Street City State ZIP Code + 4			
13 b 1s the Business an Employer or Consultant ?	14.b Amount of payment	L	

Name of Person Filling Michael J. Sullivan	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (Including trade name if any) Name International Training Institute Trade Name if any: ITI PO Box, Bidg Room No if any Suite 241 Street 601 ill, Fairfay Street City Alexandria State VA 21P Code + 4 22314	9 Business deals with a. Labor Organization b Trust c. Employer		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing		
Name Trade Name If any P O Box, Bldg Room No If any	Apprentice Training Trust Fund		
Street	11.b Approximate dollar value of such dealing NA		
City	12 a Nature of interest held or income received		
State ZIP Code + 4	Meals (23) Airfare (1) Lodging (12)		
	12.b Amount. 4340 44		
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14.a. Nature of payment.		
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Trade Name If any			
PO Box, Bldg Room No If any			
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant 7	14.b Amount of payment.		

Name of Person Filling Michael J. Sullivan	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (Including trade name If any) Name MOSQIC Trade Name If any PO Box, Bidg Room No If any Street 4801 Viewpoint Place City Cheverly State MD ZIP Code + 4 2078 1	9 Business deals with: a. Labor Organization b Trust c. Employer		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing		
Name Trade Name If any: P O Box, Bldg Room No if any	Printer		
Street	11 b Approximate dollar value of such dealing 834,227		
City	12 a Nature of interest held or income received		
State ZIP Code + 4	Dinner		
	12.b Amount # 68.00		
C Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any)	14.a. Nature of payment.		
Name			
Trade Name If any			
PO Box, Bidg Room No If any			
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.		

Name of Person Filling Michael J. Julivan	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (Including trade name If any) Name Sheet Metal Contrs National Assoc Trade Name If any: SMACNA PO Box, Bldg Room No If any Street 4201 Lafayette Center Drive City Chantily State VA ZIP Code +4 20151-1209	9 Business deals with. a. Labor Organization b Trust c. Employer		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a. Nature of such dealing		
Name Trade Name if any PO Box, Bidg Room No if any	National Contractors Association + It Arbitration Partner		
Street	11 b Approximate dollar value of such dealing NA		
City	12 a Nature of interest held or income received		
State ZIP Code + 4	Contractors N2410N21 Association Annual Convention Dinner-including syouse		
	12.b Amount		
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any)	14.a. Nature of payment.		
Name			
Trade Name If any			
PO Box, Bidg Room No if any			
Street			
Crty			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant 7	14.b Amount of payment.		

Name of Person Filing Michael J. Sullivan	File Number U	
B Heid an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (Including trade name if any) Name Bonk of New York Trade Name if any PO Box, Bidg Room No if any 12th Floor Street One Wall Street City New York State NY ZIP Code +4 10286	9 Business deals with a Labor Organization V b Trust c. Employer	
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name National Rension Fund Trade Name if any PO Box, Bidg Room No If any	Custodian for investments	
Street 601 M. FBIYFBX STYEET	44 h Assentiate dell'assentia efemble dell'assentia	
city Alexandria,	11 b Approximate dollar value of such dealing 236,312 12 a Nature of Interest held or Income received	
State VA ZIP Code + 4 Z1314	Dinner in cluding Spouse	
	12 b Amount \$2\8.00	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any)	14 a Nature of payment.	
Name		
Trade Name if any		
PO Box Bldg Room No If any		
Street		
City		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant?	14 b Amount of payment	

Name of Person Filing Michael J. Sultivan	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (Including trade name If any) Name The Segal Company Trade Name If any PO Box, Bidg Room No If any Suite Solo Street 101 N Wacker Drive City Chicago State TL ZIP Code +4 (10000)	9 Business deals with a Labor Organization b Trust c. Employer	
10 If 9 b or 9 c is checked give trust or employer's name Name SMW National lens con Fund Trade Name if any PO Box Bidg Room No If any	11 a Nature of such dealing Acturial	
street 601 M. Fairtax Street	11 b Approximate dollar value of such dealing 242,489	
State JA ZIP Code + 4 223(4)	Dinner including spouse	
	12 b Amount.	
C Received from any emptoyer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any: P O Box Bidg Room No if any	ler parts A and B above) y or other thing of value 14 a Nature of payment.	
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Street City State ZIP Code + 4		

Name of Person Filling MCN361 J Zullivan	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name TUVUEY INVESTMENT PAYANCES Trade Name if any PO Box, Bidg Room No if any Swite 100 Street 1205 Westlake Drive City Beywy N State PA ZIP Code +4 19312	9 Business deals with a Labor Organization b Trust c. Employer	
10 If 9 b or 9 c is checked give trust or employer's name Name SMW N2+10N2 PENSION FUND Trade Name if any: PO Box Bidg Room No If any	11 a Nature of such dealing Custodian for Inv	estment
Street 601 M FBITTJX STreet City Alexandria State VA ZIP Code + 4 21314	11 b Approximate dollar value of such dealing 12 a Nature of Interest held or income received DINNET IN EMOLINA	
	12 b Amount.	¥ 3 8 0()
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box, Bidg Room No if any	or parts A and B above) or other thing of value 14 a Nature of payment.	
Street City ZIP Code + 4		
13 b is the Business an Employer or Consultant?	14 b Amount of payment.	

Name of Person Filling Michael J Sullivan	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setting or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name AMSI gameted Bank Trade Name if any PO Box, Bidg Room No if any Street ONE West MONVOE City Chicago State IL ZIP Code +4 400603	9 Business deals with a Labor Organization b Trust c. Employer	
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name Trade Name If any P O Box Bldg Room No If any	Bank that offers evedit card to our members	
Street	11 b Approximate dollar value of such dealing	0
City	12 a Nature of Interest held or income received	
State ZIP Code + 4	Dinner	
	12 b Amount	43 00
	1 12 0 Amount	
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B abovo) y or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any)	14 a Noture of payment	
Name		
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PO Box Bidg Room No if any		
Street		
City	t	
State ZIP Code + 4		
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.	

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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name Wells Capital Mgt Trade Name if any: PO Box, Bidg Room No If any Suite 210 Street 450 E 96th Street City Indianayolis State IN ZIP Code + 4 46240	Business deals with a. Labor Organization b Truct c. Employer	
10 If 9 b or 9 c. is checked give trust or employer's name	11 a. Nature of such dealing	
Name SMW Local Whites + Council Trade Name if any PO Box Bidg Room No If any	Investment Manager	
Street 601 H Fair fax Street	11 b Approximate dollar value of such dealing 2-7, 604	
City (Alexandria)	12 a Nature of Interest held or income received	
State VA ZIP Code + 4 22314	Dinner	
	12 b Amount (12 b 0 U	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any)	14.a. Nature of payment.	
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Trade Name If any		
PO Box Bidg Room No If any		
Street		
Chy		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant 7	14.b Amount of payment.	

Name of Person Filling Michael J Sullivan	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name If any)	9 Business deals with		
Name Cambiar Investments	 		
Trade Name if any	a. Labor Organization b Trust		
PO Box, Bidg Room No If any # 400	c. Employer		
Street 2401 E Second Ave	C Employer		
City Denver			
State CD ZIP Code + 4 80206			
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing		
Name SMW Local Unions + Councils	Investment Manager		
Trade Name If any			
PO Box Bidg Room No If any			
Street 601 N Fair fax St	11 b Approximate dollar value of such dealing 72, 18!		
city Alexandriz	12 a Nature of interest held or income received		
State VA ZIP Code + 4 22314	Dinner		
	12 b Amount 72 00		
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14.s Nature of payment.		
Name			
Trade Name If any			
PO Box, Bidg Room No If any			
Street			
City			
State ZIP Code + 4			
13 b is the Business an Employer or Consultant?	14 b Amount of payment.		
	I		

Name of Person Filling Michael J Sullivan		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name If any)	9 Business deals with		
Name Weiss leck + Greer	Jan-1		1
Trade Name If any	a Labor Organizat	ion	
PO Box, Bldg Room No If any 315+ F1	b Trust		
Street One New York (1323	c. Employer		
City New York			
State			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deall	ng	
Name SMW Local Unions + Council	Invest	neut Manager	
Trade Name If any			
PO Box Bldg Room No If any			
Street 601 N. Fairfax St	11 b Approximate dellar value	ue of such dealing \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	8
City Alexandria,	12 a Nature of Interest he		
State ZIP Code + 4 Z2314	Dinner-	including spous	e
b .			i
b .	12 h Amount	350	26
1	12 b Amount	350	06
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above)	350	06
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant	er parts A and B above)	350	06
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	er parts A and B above) or or other thing of value	350	06
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name	er parts A and B above) or or other thing of value	350	26
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	er parts A and B above) or or other thing of value	350.	26
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name	er parts A and B above) or or other thing of value	350.0	26
or from any labor relations consultant to an employer any payment of mone 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any	er parts A and B above) or or other thing of value	350.0	26
or from any labor relations consultant to an employer any payment of mone 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box, Bidg Room No if any	er parts A and B above) or or other thing of value	350.9	26
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box, Bidg Room No if any Street	er parts A and B above) or or other thing of value	350.	26

Name of Person Filling Michael J Zwilivan	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name If any)	9 Business deals with		
Name Smith Barney			
Trade Name If any	a Labor Organization b Trust		
P O Box, Bidg Room No If any	c. Employer		
Street 800 E 96th St			
Cay Indianavoliz			
State IN ZIP Code + 4 46240			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name SASMI	Investment Manage	~	
Trade Name If any	_		
PO Box Bidg Room No If any			
Street 601 M Fairfax St	11 b Approximate dollar value of such dealing	2,100	
CHY Alexandria, UA	12 a Nature of Interest held or income received		
State VA ZZ314	Bolt		
	12 b Amount	25400	
C Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.		
Name			
Trade Name If any			
P O Box Bldg Room No If any Street			
City			
State ZIP Code + 4		!	
	14 b Amount of payment.		
13 b Is the Business an Employer or Consultant ?			

Name of Person Filling Michael J Sullivan	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name Loomis Sayles Trade Name If any	a Labor Organization b Trust		
Street 2001 Pewnsylvania Ave, NW	c. Employer	!	
State ZIP Code + 4 2000 Le			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name S AS M I	Investment Manage	2	
P O Box Bidg Room No If any			
Street GOI M. Fair-fax St	11 b Approximate dollar value of such dealing	191,664	
city Alexandria	12 a Nature of interest held or Income received		
State VA ZIP Code + 4 2231U	Bolf		
	12 b Amount.	212 00	
	C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (Including trade name If any)	14 a Nature of payment.		
Name			
Trade Name If any			
P O Box, Bldg Room No If any		:	
Street City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.		

Name of Person Filing Michael J Jullivan	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (Including trade name if any)	9 Business deals with	
Name Weiss, leck + Greer	_	
Trade Name If any Robico USA	a Labor Organization	
PO Box, Bldg Room No if any 31 St F1	b Trust	
Street 909 3rd Avenue	c. Employer	!
City New York		
State NY ZIP Code +4 \UD12		,
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name SASMI	Investment Mana	is ex
Trade Name if any		,
PO Box Bldg Room No if any		
Street 601 M F 317 + 31 5+	11 b Approximate dollar value of such dealing	307,824
CITY Alexandria	12 a Nature of interest held or income received	
State VA ZIP Code + 4 22 3 14	Bolf	
	12 b Amount	535 00
C Received from any employer (other than an employer covered und	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money	or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	
Name		
Trade Name if any:		
P O Box Bldg Room No if any		
Street		
City		
State ZIP Code + 4		. <u></u>
13 h Is the Business on Genelause	14 b Amount of payment.	
13 b Is the Business an Employer or Consultant ?		

Name of Person Filling Michael J Sullivan	FEo Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name If any) Name Haley + Associates	9 Business deals with	
Trade Name If any	a Labor Organization b Trust	
Street 5000 Sunny Side Avenue	c. Employer	
chy Beltswile		
State MD ZIP Code +4 2.670 S 10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name	Accountant	
P O Box Bidg Room No if any		
Street	11 b Approximate dollar value of such dealing 28,215	
City	12 a Nature of Interest held or income received	
State ZIP Code + 4	Dinner-including spouse	
	Dinner - including Spouse 12 b Amount. 122 00	
State Z!P Code + 4 C Received from any employer (other than an employer covered und	Dinner - including Spouse 12 b Amount. 122 00	
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant	Dinner - including Spouse 12 b Amount. 12 b Amount. 12 c o o or other thing of value	
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	Dinner - including Spouse 12 b Amount. 12 b Amount. 12 c o o or other thing of value	
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name If any P O Box Bidg Room No if any	Dinner - including Spouse 12 b Amount. 12 b Amount. 12 c o o or other thing of value	
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any	Dinner - including Spouse 12 b Amount. 12 b Amount. 12 c o o or other thing of value	
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name If any P O Box Bidg Room No if any Street	Dinner - including Spouse 12 b Amount. 12 b Amount. 12 c o o or other thing of value	

Name of Person Filling Mich 861 7 Juliuan	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name The Kamber Group Trade Name if any PO Box, Bidg Room No if any Suite 800 Street 1301 K Street, NW City Washington, DC State ZIP Code + 4 2000 Y	9 Business deals with a Labor Organization b Trust c. Employer		
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name If any P O Box Bidg Room No If any	Public Relations		
City ZIP Code + 4	11 b Approximate dollar value of such dealing 47,404 12 a Nature of interest held or Income received Linch		
	12 b Amount. 42,50		
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any	ar parts A and B above) or other thing of value 14 a Naturo of payment.		
Street City State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.		

Name of Person Filling Michael J Sullivan	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employee your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name The MeLaugh in Company Trade Name if any	9 Business deals with a Labor Organization	
PO Box, Bldg Room No If any Street 1725 Desales Street NW	b Trust c. Employer	
State ZIP Code + 4 20036 10 If 9 b or 9 c. Is checked give trust or employer's name	11 a Nature of such dealing	
Name	Insurance Agents	
P O Box Bldg Room No if any Street City State ZIP Code + 4	11 b Approximate dollar value of such dealing \(\frac{\gamma\gamma}{\gamma} \) \(\frac{\gamma}{\gamma} \) \(\fr	
	Poinsettia	
	12 b Amount. 5 8 6 0	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any)	14 a Nature of payment.	
Name		
Trade Name If any		
P O Box Bldg Room No if any		
Street		
State ZIP Code + 4		
13 b is the Business an Employer or Consultant?	14 b Amount of payment.	

Name of Person Filling Michael J Sullivan	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name Calibre C M Group Trade Name if any PO Box, Bidg Room No If any Suite 1050 Street 1850 K Street, NW City Washing tow, DC State ZIP Code +4 2000 6	9 Business deals with a. Labor Organization b Trust c. Employer	
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name Trade Name If any PO Box Bldg Room No If any	Accountant	
Street	11.b Approximate dollar value of such dealing 88390	
City	12 a Nature of interest held or income received	
State ZIP Code + 4	Lunch (2)	
	12 b Amount 7 6.00	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any)	14.a. Nature of payment.	
Name		
Trade Name if any		
P O Box, Bldg Room No If any		
Street		
City		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant 7	14 b Amount of payment.	

Name of Person Filling Michael J Sullivan	Flie Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (Including trade name If any) Name Mational Energy Mat Institute Trade Name If any NEMI PO Box, Bldg Room No If any Suite 256 Street 601 M. Fairfal Street City Alexandria State VA ZIP Code+4 22314	9 Business deals with a. Labor Organization b Trust c. Employer	
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name Trade Name If any PO Box Bldg Room No If any	Research + Development	
Street	11 b Approximate dollar value of such dealing NA LA	
City	12 a Nature of Interest held or income received	
State ZIP Code + 4	Lodonna (12) Meris (27)	
	12 b Amount. [187970	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name. If any)	14.a. Nature of payment.	
Name		
Trade Name If any		
P O Box, Bldg Room No if any		
Street		
City		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14.b Amount of payment.	

Name of Person Filling Michael J Julli	VON File Number U-	
B Held an interest in or derived income or economic benefit with monatary vaix substantial part of which consists of buying from, selling or leasing to or otherw of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business sty seeking to represent, or rectly to or otherwise	
8 Name and address of Business (Including trade name if any) Name [N210m2] Enbray Mat Institute Commit Trade Name if any [NEMIC PO Box, Bidg Room No If any [Suite 250] Street [601 N F215-62x Street] City [Alexandria] State VA ZIP Code + 4 [22314]	9 Business deals with e	
10 If 9 b or 9 c. is checked give trust or employer's name Name	11 a Nature of such dealing Energy Management Trust Fund	
P O Box, Bldg Room No If any Street	11 b Approximate dollar value of such dealing	
State ZIP Code + 4	12 a Nature of interest held or income received Lodging (12) Med 5 (26)	
	12.b Amount. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14.s Nature of payment.	
Trade Name If any		
P O Box, Bldg Room No If any		
City State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14.b Amount of payment.	

Name of Person Filling Mich sel J Sullivan	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name Sheet Metal Occupational Health In Trust Trade Name If any SMOHIT PO Box Bidg Room No if any Street 601 N Fairfax Street, Suite 240 City Alexandria State VA ZIP Code+4 22314	9 Business deals with a. Labor Organization b Trust c. Employer	
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name Trade Name if any P O Box, Bldg Room No if any	Decupational Health Trust Fund	
Street	11 b Approximate dollar value of such dealing N 1/A	
State ZIP Code + 4	Lodging (12) Meals (26)	
	12 b Amount 3 5 2 4 . 9 1	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14.a. Nature of payment.	
Name		
Trade Name If any		
P O Box, Bidg Room No If any		
Street		
City		
State ZIP Code + 4		
13 b is the Business an Employer or Consultant ?	14.b Amount of payment.	

SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION

1750 New York Ave NW Washington, DC 20006





PHONE (202) 783 5880 Fax (202) 662 0894

August 11, 2005

U S Department of Labor Employment Standards Administration Office of Labor-Management Standards 200 Constitution Ave NW Room N-5616 Washington DC 20210

Dear Ladies and Gentlemen

Attached please find my completed and executed LM-30 report for 2004 The information contained in the LM-30 report is based on my best effort to make a good-faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 report

Sincerely

MICHAEL J SULLIVAN

General President

MJS/lam

Attachments

